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RECALL OF PARENTAL CHILD REARING PRACTICES OF DEPRESSIVES, SCHIZOPHRENICS, AND NORMALS

by

EDWARD B. SLOAN

A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York.

1978

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Abstract

RECALL OF PARENTAL CHILD REARING PRACTICES OF
DEPRESSIVES, SCHIZOPHRENICS, AND NORMALS

by

Edward B. Sloan

Adviser: Professor Harold Wilensky

The present study investigated the relationship between certain perceived parental child rearing practices and the later development of depressive illness in the offspring. Two hypotheses were advanced, namely that when compared with psychiatric andnormal controls depressives will view their parents to have been (1) less accepting and (2) as having used more indirect methods of control (e.g., guilt stimulating maneuvers).

A version of Schaefer's (1965) Children's Reports of Parental Behavior Inventory (CRPBI) was administered to a sample of sixty adults (thirty males and thirty females). Clinical diagnosis, scores on Beck's Depression Inventory,

and a short mental health questionnaire, developed by the author, were used to select three subject groups: hospitalized depressives (n = 20), hospitalized non-depressed psychiatric patients (diagnosed schizophrenic, n = 20) and normals (n = 20).

Comparison of the subject groups revealed that compared to normals both depressives and psychiatric controls viewed their fathers to have been less accepting and to have relied more on indirect control. Non-significant differences were found between depressives and psychiatric controls on these dimensions.

When subjects' perceptions of their mothers were compared, both depressives and psychiatric controls perceived their mothers to have relied on less direct methods of control. No differences were found between depressives and psychiatric controls on this factor. Comparison of the subjects on their views of maternal acceptance revealed a group x sex interaction. Only the female depressives reported their mothers to have been less accepting than normals and non-depressed psychiatric controls.

The results of the present study indicated there is little difference, on the dimensions of child rearing investigated, between depressive and non-depressed psychiatric patients. This calls into question the results of earlier investigations which have implied that depressives are unique in having parents who were less accepting and who relied on less direct methods of control.

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CHAPTER I

INTRODUCTION

The present study compared the perception of child rearing experiences of depressives and other psychiatric populations to determine the specificity of hypotheses regarding the parental child relationship as one factor in the development of later depressive illness.

Parent-child interaction patterns have been viewed as an important factor in the development of later psychiatric illness (Rutter, 1965; Lidz, 1973; Stierlen, 1974).

Wittenborn (1965), describing the family background of depressives, observes that these individuals fail to learn to see themselves as a "self-sufficient, organism capable of dealing directly with his environment." This is due, he notes, to the nature of the parents' involvement with the child. He describes the parents of depressive patients as controlling, closely regulating and intervening in wide areas of their offspring's lives (such as controlling dress, friendships and intervening with teachers). Other students of depression have emphasized emotional deprivation as an etiological factor in the development of later depressive disease (Brown, 1961). Generally, deprivation has been narrowly defined as loss or

prolonged separation from a parent. There has been much less focus on the quality of the parent-child relationship or parental rearing practices and few studies exist in the literature investigating these as etiological factors in depression.

Studies of the Family Background of Depressives

Several attempts have been made to study the family background of depressives in an effort to determine factors predisposing the individual to depressive disease.

Cohen, Cohen, Fromm-Reichman, and Weigart (1954) conducted a psychoanalytic investigation of the family backgrounds of twelve manic-depressive patients in an attempt to determine the role of family pressures in the etiology of this disorder. As Mendelson (1974) has noted, the investigators did not stress single traumatic events in these patients' backgrounds, but rather emphasized the "interpersonal environment from birth on" which in interaction with constitutional factors was felt to produce the manic-depressive. Among the findings of this group was the observation that these patients' mothers found their children most acceptable when they were infants and presumably most dependent. As the children began to assert themselves with increasing rebelliousness and independence, the patients found their hitherto tender and loving mother abruptly changing into a harsh and punitive figure. The findings of Cohen's group received additional support from

later empirical studies (Gibson, 1957).

Beck (1967), reviewing studies of the family background of depressives, states that while later studies testing the hypotheses of Cohen et al. (1967) initially provided some support, more carefully controlled studies suggested that the obtained differences between depressives and others may be due to such extraneous factors as age, social class, and education level (Becker, Spielberger, & Parker, 1963).

Offspring's Reports of Parental Behavior

In recent years, several studies of the parent-child relationship as a factor in the etiology of depression have appeared. They have relied upon the recall of parental behavior among depression prone persons (Jacobson, 1975; Raskin, Boothe, Reatig, & Schulterbrandt, 1971).

Offspring's reports of parental behavior have been shown to differentiate normal subjects from psychiatric patients (Garmezy, Clarke, & Stockner, 1961; Greenfield, 1951). The validity of offspring's retrospective reports have been confirmed by Schaefer and Bayley (1967). In their study, observations of maternal behavior were made during the child's first three years. Home interviews were conducted with mothers when their children were between nine and fourteen years old. Retrospective reports of this period were later obtained from the offspring when they were thirty-six years old. These reports were

obtained through the use of a shortened and revised version of the Children's Reports of Parental Behavior Inventory (CRPBI), an instrument developed by Schaefer (1965). Schaefer and Bayley reported relatively high validity for both the adolescent ratings and the offspring's retrospective reports. The authors also report a relatively high consistency of parental behavior during the later stages of child's development.

The CRPBI has been widely used and factor analytic studies have consistently identified three major dimensions of parental child rearing attitudes and practices (Schaefer, 1965; Renson, Schaefer, & Levy, 1968; Cross, 1969). These were acceptance versus rejection, psychological autonomy versus psychological control and firm versus lax control.

In Schaefer's terms, the ingredients of the acceptance versus rejection dimension are parental positive involvement in their children's activities, expression of love and affection and parental acceptance of expressions of independence and individuation on the child's part. Autonomy versus psychological control, in its negative pole, refers to those efforts of parents to control their children's behavior in presumed negative and psychologically harmful ways, such as through intrusiveness and fostering guilt.

In two studies of depressed patients, Raskin et al. (1971) utilized an abbreviated ninety-items version of Schaefer's Children's Reports of Parental Behavior

Inventory. They compared hospitalized depressed patients' perceptions of their parents' rearing practices, as they remembered them from their teens, with those of a group of normal controls. A factor analysis of the CRPBI results identified three stable dimensions of parental attitudes and behavior; acceptance versus rejection, psychological autonomy versus psychological control, and firm versus lax control. The authors note, that these dimensions have been previously identified in factor analytic studies of grade school children and college students (Schaefer, 1965; Renson et al., 1968; Cross, 1969).

An analysis of the results of the Raskin et al. study revealed that depressed patients rated both parents lower on the dimension of acceptance versus rejection than did normal controls. They viewed their parents as demonstrating less positive involvement or affection than did the non-patient controls. The depressed patients also perceived their parents using more negative approaches in controlling their behavior. But, they saw their mothers as more likely to be overly permissive or lax in applying discipline than did the normals.

Raskin et al. (1971) also compared the normal and depressed groups' ratings of their mothers and fathers. The results indicated that: "Mothers loom as more significant figures in the adolescent experience of both patients and normals. They were rated as both more

positively involved and as more controlling than fathers during this period." The specificity of these researchers' findings that depressed patients viewed their parents more negatively, however, is called into question by Raskin et al.'s failure to include a group of psychiatrically hospitalized patients.

Jacobson, Fassman, and Di Mascio (1975) also studied depressive patients' perceptions of their parents' child caring practices through the use of structured interviews of both inpatient and outpatient groups of depressed women. These patients' perceptions were compared with those of a normal control group. The authors reported that of the groups, the depressed inpatients had reported their parents the least tolerant and affectionate. This finding is consistent with that obtained by Raskin et al. (1971) through the use of the CRPBI. But like them, the failure of Jacobson et al. to include a non-depressed psychiatric control group raises the question of the specificity of these findings to depression.

The finding that depressed patients view their parents more negatively than did normal controls, received further support in a study by Cofer (1970) of fifty hospitalized female depressives aged twenty-one to fifty-two. These women were compared with a matched group of non-depressed women. Among the findings of this study was the observation that the depressed patients viewed their parents

as more critical, disappointed and overprotective than did the normal controls.

Among the questions raised by these studies of depressed patients' perceptions of their child rearing experiences is the extent to which these perceptions are influenced by their depressive state.

In a follow-up study to examine this question, Cofer (1972) attempted to determine whether depressives' perceptions of parental attitudes and behavior are stable over time or significantly influenced by their depression. She used a sample of fifty formerly hospitalized depressed women, who at the time of the study were in remission and functioning adequately. These women were compared with a group of women who had never been clinically depressed. Cofer found that the formerly hospitalized women viewed their parents more negatively than did the normal controls. This finding is consistent with those of the other reported studies. However, its specificity to depression remains.

Specificity of Research Findings to Depression

In a study designed to answer this question, the relationship between perceived parental rearing practices and depression in college-age women was studied by Munson (1974). He used a shortened version of the MMPI to identify depressed, psychiatric and normal control groups. He then administered the Children's Reports of Parental Behavior Inventory to the groups. The mother and father item

scores from the inventory were correlated with the MMPI scale scores. Seventy scale items were retained for final analysis because of their significant correlation with depression, anxiety and other clinical scales of the MMPI relevant to the study hypotheses. The results of a factor analysis on the seventy items for each parent identified four father factors and five mother factors. The four father factors were "accepting and supportive," "critical and controlling," "rejecting," and "inconsistent discipline." The five mother factors were "critical and controlling," "accepting and demonstrative," "rejecting," "supportive," and "inconsistent discipline." Factor scores were then computed for subjects in each group and analyses of variance were performed testing for differences between the groups. The results of the analyses of variance were that depressed individuals, as compared with normals, viewed their fathers as significantly less accepting and supportive, more critical and controlling, more rejecting, and more inconsistent in disciplining them. While, they saw their mothers as more critical and controlling and more inconsistent with discipline. When compared with the psychiatric controls, depressed individuals viewed their fathers as tending to be less accepting and supportive, less critical and controlling and more inconsistent in disciplining them. None of the mother factors discriminated depressed females from the psychiatric controls.

The results of Munson's study, when depressed patients were compared with normals, essentially confirm those obtained by Raskin et al. (1971), the only study using the CRPBI with a depressed population. In that study, as mentioned, depressed patients rated their parents more negatively than did the normal individuals. However, when Munson (1974) compared depressed individuals to the psychiatric control group the specificity of this finding was called into question. For when this comparison was made only three of the four father factors, identified by Munson, were found to be marginally significant. That is, depressed individuals saw their fathers as less accepting and supportive, less critical and controlling and more inconsistent with discipline. Besides calling into question the specificity of various patterns of parental behavior and attitudes as an etiological factor in depression, Munson's results further suggest that, for his subjects, depressed females, fathers appear to be the more important figure during the adolescence of future depressives. This finding is at odds with that of Raskin et al. (1971), who reported that for both depressed and normal subjects it was the mother that "loomed" as the more significant figure. However, Raskin et al. used both males and females in their study but did not report their results by sex of subject. Munson suggests they therefore may have overlooked a possible sex effect, which he may have identified in his study in

which only female subjects participated. Another difference between these studies is that Raskin et al. used older individuals in the study, ranging in age from twenty-seven to fifty-one. Therefore, it is possible that this difference in the relative importance of the father noted in these studies is related to different patterns of parental behavior associated with the different age groups.

Another factor that may contribute to the differences in Raskin et al.'s and Munson's study is the nature of the subject populations used by these researchers. While Munson studied college students all "functioning insofar as they were not hospitalized," Raskin et al. (and the other researchers cited) studied hospitalized depressives. To identify his study groups, Munson relied mostly upon an abbreviated version of the MMPI and the MMPI D-scale. Questions have been raised about the usefulness of the MMPI D-scale for research purposes. Beck (1967), reviewing the issue of the measurement of depression, notes that while the D-scale of the MMPI has been widely used as a measure of depression for both research and clinical studies, factor analytic studies have indicated that it contains a number of "heterogeneous factors" only one of which is consistent with the clinical concept of depression. Also Zuckerman and Lubin (1968) found that the MMPI D-scale failed to distinguish between anxiety and depression, which often are associated in particular patients.

Thus, the one study designed to deal with the question of the specificity of parental rearing practices as perceived by the child as a factor in depression is limited in its comparability to the other studies in this area, because of its lack of an objective check, in behavioral terms, of the subject's depression and its reliance upon the MMPI to identify subject groups.

Beck's Cognitive Theory of Depression

The research examining the relationship between perceived parental rearing practices and depression indicates that differences do exist between depressive and normal populations. The parents of depressives are generally seen to be more rejecting and controlling and more intolerant of their children's expressions of individuality and autonomy. Raskin et al. (1971), for example, reported that parents of depressives were rated more negatively on the dimension of acceptance versus rejection, a factor identified in the study, among whose chief ingredients were parental acceptance of independence and individuation on the part of the child. This is consistent with Wittenborn's (1965) already quoted observation that the parents of depressives interact with their child in such a manner that the child may fail to develop a concept of himself as "self-sufficient." The development of such a negative self-concept is regarded by Beck (1967) as central to depression. Beck (1974) reports that a negative self-concept

was among the signs and symptoms found to occur between two and ten times more frequently among depressives as compared to other psychiatric patients. While Laxer (1964), comparing depressed with other psychiatric patients, found depressives to show a lower self-concept on admission to the hospital.

Beck views the disturbances of depression as the result of the "activation of a set of major cognitive patterns" which force the individual to view himself, his world, and his future negatively. These attitudes, among them a negative self-concept, are derived from an individual's experiences, the judgment of significant others and his identifications. They influence the individual's subsequent judgment and in turn become more firmly established. Beck regards such negative concepts as latent in the depression prone individual to be activated by the appropriate stress.

Hypotheses

The present study is designed to examine the relationship between child rearing practices as measured by the CRPBI and depression in hospitalized depressive. Unlike other studies in this area a psychiatric control group and an objective measure of depression in behavioral terms are used to determine the specificity of the results to depression.

On the basis of the earlier discussed research the

following hypotheses were investigated.

Hypothesis 1.

Depressives view their parents as less accepting when compared to normals and psychiatric controls. This will be evidenced by their reporting their parents to have been less positively involved in their activities, less often expressed love and affection towards them and to have shown less acceptance of their efforts towards independence.

Hypothesis 2.

Depressives view their parents as having employed less direct methods of discipline involving psychological control as compared to normal and psychiatric controls. Such methods include guilt arousing manoeuvers and intrusiveness to control their children.

Relation of Hypotheses to Beck's Theory of Depression

Parent-child relations characterized by such attitudes as outlined in these hypothese would foster the development of a negative self-concept which Beck (1974) views as constituting one component of the specific "vulnerability" of the depression prone individual. Such a negative self-concept, he believes, though latent for a time, once activated under particular environmental circumstances "may lead to a full-blown depression."

CHAPTER II

METHOD

Subjects

Three groups of twenty subjects, ten males and ten females, were selected from five hospitals in the New York City Area. Group description and criteria for subject inclusion were as follows:

Group 1 - "Depressed" - Individuals in this group were patients hospitalized with a diagnosis of depression (excluding manic-depressive psychosis) and a score of at least fifteen points on Beck's Depression Inventory.

Group 2 - "Psychiatric Controls" - This group comprised patients hospitalized with a diagnosis of some type of schizophrenia. They scored less than twelve on the Depression Inventory.

Group 3 - "Normal Controls" - The subjects in this group were volunteers from the community, who indicated in an anonymously completed questionnaire that they had no history of emotional or nervous disorder. They scored no higher than twelve on the Depression Inventory.

The groups were equated according to race, family of origin's socioeconomic status based on father's occupation and subject's educational level. It was not possible

to equate the groups for age. Therefore, its effect was controlled for statistically through an analysis of covariance. All subjects had resided with their natural parents at least until the age of eighteen. The socio-economic status of their families of origin ranged from working class to lower middle class. All were between the ages of twenty-two to sixty-seven. Data on the subjects are provided in Table 1.

Procedure

The subjects were asked to participate in the study. The following information was provided in requesting their participation:

> I am studying how the way parents raise children affects how the children act when they grow up. I would like you to answer some questions about feelings, and some of the things you remember from when you were a child. It should take you less than an hour. Everything you say is confidental and nobody, except for me, will see your papers. There is no risk involved in this study. It's hoped that the results will be of use in answering some of the questions on how the way parents raise their children affects how the children act when they grow up.

Questionnaires

Each subject was administered the following questionnaires (in this order): (1) Beck's Depression Inventory and (2) an abbreviated and modified version of Schaefer's Reports of Parental Behavior Inventory, both father and mother forms (in the order indicated). In addition, the

Table 1

Means and Standard Deviations of Age, Education and Depression Inventory Scores for Depressed, Psychiatric Non-Depressed and Normal Controls

	Depressed	Psychiatric	Normals
Age			
Male - Mean	53	34.9	50.7
SD	11.01	13.57	10.12
Female - Mean	45.3	40.1	46.6
SD	12.75	15.09	14.23
Education			
Male - Mean	12.8	11.8	14.1
SD	3.61	2.62	2.02
Female - Mean	13.5	12.6	12.9
SD	2.27	2.55	1.59
Depression Inventory Score			
Male - Mean	28.4	4	4.7
SD	12.12	3.49	3.09
Female - Mean	29.1	4.8	2.8
SD	7.82	3.29	2.04

normal controls were provided with a "mental health" questionnaire (Appendix B).

Depression Inventory. The Depression Inventory was designed by Beck. It consists of twenty-one empirically chosen categories of symptoms and attitudes associated with depression. Each of these categories, graded in a series of four to five self-evaluative statements, reflects the range of severity of the depressive symptom and each is assigned a numerical value to reflect the degree of severity of the symptom.

The validity and reliability of the Depression Inventory has been established and supported by several separate studies. Beck (1967) obtained biserial coefficients of .65 and .67 in two studies designed to determine the degree of correlation between Depression Inventory Scores and clinical judgments of depth of depression. Both correlations were significant at the .01 level. Metcalfe and Goldman (1965) obtained a correlation coefficient of .61 ($P < .001$) when psychiatrists' ratings were compared with Depression Inventory scores. The split-half reliability of the Depression Inventory was determined. The Pearson's r computed between odd and even categories yielded a reliability coefficient of .86. Further, changes in patients' Depression Inventory scores over time correlated at a significant level with changes in the patients' psychiatric evaluations.

Subjects in the study were verbally instructed to pick out the one statement in each group of statements which best describes the way they are now feeling.

When possible, subjects completed the inventory by themselves. If a subject expressed his inability to complete it unaided, he was assisted. At such times, each statement was read to the subject and he was asked to choose the one statement that best describes the way he is now feeling.

The Depression Inventory was scored by the author. The scores were the sum of the weighted responses of all the inventory items. Following Beck (1967), a score of fifteen points was used as the cut-off point between depressed and non-depressed psychiatric patients. Beck has noted that this rather high score on the Depression Inventory is necessary because psychopathology other than depression may result in scores as high as fourteen.

Children's Reports of Parental Behavior Inventory. The Children's Reports of Parental Behavior Inventory (CRPBI) was developed by Schaefer (1965). The form of the inventory, used in the present study is based upon an abbreviated version of Shaefer's (1969) 192-item inventory, which was modified by Raskin et al. (1971). Like Schaefer's CRPBI, Raskin et al.'s 90-item abbreviated form consists of mother and father forms. Its items describe a sample of parental behavior which subjects are asked to rate as like, somewhat

like or not like the parent described. A factor analytic study done by Raskin et al. (1971) established the abbreviated CRPBI's comparability to Schaefer's version. In the study the same three factors were identified on both forms of the CRPBI.

The version of the inventory used in the present study included only those items which Raskin et al. (1971) had found to have significant factor loadings for both mother and father forms of their abbreviated inventory on the three factors that had been previously identified from factor analyses of Schaefer's inventory with a range of populations. In the Raskin et al. study these factors were labeled Positive Involvement, Negative Control, and Lax Discipline. Respectively, they closely resembled the three conceptual dimensions identified by Schaefer--Acceptance versus Rejection, Psychological Autonomy versus Psychological Control, and Firm versus Lax Control.

Thus, there were a total of forty-eight items on the inventory. Subjects were verbally instructed to answer the question as they would have done when they were in their teens (around the age of sixteen). Subjects were not included in the study if both parents were not in the home during their teens (thirteen to eighteen years).

The inventory questions were scored by assigning a score of 3 to a question if the subject indicated the parental behavior described in the item was like that of their

parent, a 2 if it was somewhat like and a score of 1 if it was not like that of their parent.

Data Analyses

Factor scores were computed for the subjects in the depressed, normal and psychiatric control groups and an analysis of covariance with age as the covariate was performed to determine if any of the mother or father factors identified on the Children's Reports of Parental Behavior Inventory differentiated between the three groups. Multiple *t*-tests were performed to determine which of the groups were distinguished by the factors.

CHAPTER III

RESULTS

The intent of this study was to determine whether the child rearing patterns delineated by father and mother factors of the CRPBI specifically characterized the family experience of depressives as distinguished from other non-depressed psychiatric patients. Factor scores were computed for father and mother factors and an analysis of covariance, with age as the covariate, was performed to determine which of the parental factors differentiated between the three groups.

Although the groups' mean ages varied widely necessitating the analyses of covariance, there was only one significant correlation between age and any of the factors. A Pearson correlation coefficient of .347 (s = .007) was found to exist between age and the maternal factor labeled Positive Involvement. Older subjects tended to rate their mothers as having been more accepting.

Father Factors

Two father factors, Positive Involvement and Negative Control, were found to be significant for the three groups. (See Tables 2 and 3.) On the first father factor, Positive

Table 2

Summary of Analyses of Covariance Performed on Measure of Paternal Acceptance

Source	df	Mean Square	F	Significance
Age	1	162.607	1.616	
Main Effects	3	592.885	5.893	0.002
Sex	1	75.629	.752	
Group	2	852.037	8.468	0.001
Sex X Group	2	2.181	.022	
Explained	6	324.271	3.223	
Residual	53	100.613		

Table 3

Summary of Analyses of Covariance Performed on Measure of Paternal Indirect Control

Source	df	Mean Square	F	Significance
Age	1	204.128	3.765	
Main effects	3	161.001	2.970	0.040
Sex	1	25.87	0.477	
Group	2	226.274	4.174	0.021
Sex X Group	2	19.262	0.355	
Explained	6	120.942	2.231	
Residual	53	54.214		

Involvement, a multiple *t*-test indicated that depressed subjects perceived their fathers as significantly less accepting than normals (t = -2.707: $p < .005$). However, this factor failed to distinguish between the depressed and the psychiatric controls. When the psychiatric controls were compared with the normal group, the non-depressed psychiatric subjects perceived their fathers as significantly less accepting (t = -1.74427: $p < .05$). (See Table 6 and Appendix A.)

On the second father factor, Negative Control, a marginally significant difference between the depressed and normal groups was revealed (t = 1.561: $p < .10$). Depressed subjects perceived their fathers as using less direct approaches to control their behavior. The depressed and non-depressed psychiatric patients were not differentiated by this factor. Comparison of the psychiatric with the normal controls revealed that the non-depressed psychiatric patients perceived their fathers as employing less direct approaches to control their behavior as compared to the normal controls (t = 2.063: $p < .025$). (See Table 6.)

Mother Factors

Only one of the two mother factors, Negative Control, was found to be significant for the three groups, while a significant sex by group interaction was revealed for one of the mother factors, Positive Involvement. (See Tables 4 and 5.)

Table 4

Summary of Analyses of Covariance Performed
on Measure of Maternal Acceptance

Source	df	Mean Square	F	Significance
Age	1	511.025	8.915	0.004
Main effects	3	111.541	1.946	
Sex	1	33.144	0.578	
Group	2	150.809	2.631	
Sex X Group	2	178.854	3.120	.052
Explained	6	200.559	3.499	0.005
Residual	53	57.32		

Table 5

Summary of Analysis of Covariance Performed
on Measure of Maternal Indirect Control

Source	df	Mean Square	F	Significance
Age	1	96.029	1.247	.
Main Effects	3	230.814	2.996	0.039
Sex	1	26.678	0.346	
Group	2	335.897	4.360	0.018
Sex X group	2	28.189	0.366	[illegible]
Explained	6	140.808	1.828	.
Residual	53	77.033		

Table 6

Means and Standard Deviations of CRPBI Child Rearing Factors for Depressed, Psychiatric, and Normals Controls

		Depressed	Psychiatric	Normals
Paternal Acceptance				
Male -	Mean	42.8	46.7	54.9
	SD	11.99	9.55	6.76
Female -	Mean	43.3	49.8	57.2
	SD	12.17	12.6	4.69
Paternal Indirect Control				
Male -	Mean	28.10	29.6	2.35
	SD	6.72	6.69	6.54
Female -	Mean	26.8	30.0	21.0
	SD	7.94	10.39	5.03
Maternal Acceptance				
Male -	Mean	55.6	48.4	57.0
	SD	6.21	10.22	6.7
Female -	Mean	4.62	53.4	55.5
	SD	10.81	6.75	3.87
Maternal Indirect Control				
Male -	Mean	29.7	30.6	22.7
	SD	7.07	9.06	6.19
Female -	Mean	28.6	33.9	24.6
	SD	8.00	12.44	8.21

Application of Tukey's post hoc test (1962) for the significant sex by group interaction on the mother factor, Positive Involvement, indicated that the female depressed subjects differed from both the normal and non-depressed psychiatric female subjects. The depressed group perceived their mothers as manifesting significantly less acceptance than either the normal or non-depressed psychiatric groups (q = -3.413, 2.85 > 2.83). (See Table 6.)

On the second mother factor, Negative Control, there was a marginally significant difference between the depressed and normal groups (t = 1.407: $p < .10$). The depressed subjects perceived their mothers as employing less direct approaches to control their behavior. This factor did not distinguish between the depressed and non-depressed psychiatric groups. When normal and non-depressed psychiatric controls were compared, the psychiatric controls were found to have perceived their mother to have employed significantly more negative approaches to control their behavior (t = 2.015: $p < .025$).

CHAPTER IV

DISCUSSION

Perception of Child Rearing Behavior

Parental Acceptance

It was hypothesized that depressives would view their parents as less accepting when compared to normals and psychiatric controls. When compared with normals, depressives were found to perceive their fathers to have been less accepting. They reported them to have been less positively involved in their activities, demonstrated less affection and to have been less accepting of their independence and individuation. No difference was found between depressives and psychiatric controls on ratings of paternal acceptance. Comparison between psychiatric controls and normals indicated that the psychiatric controls viewed their fathers as having been less accepting.

When subjects' views of maternal acceptance were examined, only the female depressives were found to have perceived their mothers to have been less accepting compared to the mothers of normals and psychiatric controls, while no differences were found among the male subject groups in their ratings of maternal acceptance. Thus, the first

hypothesis was only confirmed for the depressive female group.

Indirect Control

It was predicted that depressives would view their parents as having relied on less direct methods of control when compared to both normals and psychiatric controls. Depressives were found to view both their mothers and fathers as having relied less direct methods of control to a greater extent than did normals. They reported their parents to have been more intrusive and to have used guilt arousing manoeuvers to control their behaviors. No difference was found between depressives and psychiatric controls on this dimension. When normals and psychiatric controls were compared, it was found that psychiatric controls differed from normals and perceived their parents to have relied to a greater extent on less direct methods of control. Thus, the second hypothesis was not confirmed.

In short, depressives and other psychiatric patients viewed their parents as having been less accepting and as tending to have relied on more negative and indirect methods of control when compared with normal. However, contrary to the hypotheses, with one exception, the dimensions of parental attitudes and rearing practices investigated in this study did not differentiate the depressed from the psychiatric controls.

Relation to Previous Studies

The results of the present study are consistent with those of earlier studies investigating the parent-child relations of depressives. For example, Jacobson et al. (1975) reported depressives rated their parents as less tolerant and affectionate than did normals. However, these investigators failed to utilize a psychiatric control group and the specificity of their findings to depression is problematic.

The present study also essentially confirms the findings of Raskin et al. (1971). Theirs was the only published study to employ the version of the CRPBI used in the present research. These investigators also found depressives perceived their parents to have been less accepting and to have relied on less direct methods of control. However, in the present study a sex difference was revealed on the dimension of maternal acceptance. Only the depressed females were found to have viewed their mothers to have been less accepting when compared with normals, while no difference was found between male subject groups on this dimension. But, unlike the present study, Raskin et al. failed to report their study results by sex of subject and possible sex differences were therefore ignored.

The present study also, in large part, confirms the results obtained by Munson (1974), the only study to employ non-depressed "psychiatric" controls to determine the

specificity of earlier research findings of differences between normals and depressives to depression. Like the present study, Munson found little difference between depressives and psychiatric controls in their reports of parental acceptance and use of indirect control.

One major difference between the present study's and Munson's results was his failure to find a difference between female depressives and normals in their ratings of maternal acceptance. This difference was demonstrated in the present study which employed hospitalized subjects and more rigorous criteria, including an objective check, in behavioral terms, of the subjects' depression. In contrast, Munson used only the MMPI to identify depressed subjects. They were all female college students who were functioning to the extent that they didn't require hospitalization and therefore appear to have been less severely depressed than the subjects used in the present study. Consistent with this difference between these studies is the fact that a relationship has been found to exist between the severity of the depressive illness as measured by hospital status and the degree of the negative quality of the parent-child relationship. Female depressive inpatients were found to rate their mothers as less accepting when compared to the mothers of outpatients and normals (Jacobson et al. 1975).

Differences between Depressives and Other Psychopathological Groups

Indirect Control

The present study found that both depressives and non-depressed psychiatric controls reported their parents to have relied on less direct methods of control when compared with normals. This result is similar to Greenfield's (1959) finding that psychiatric outpatients at a university clinic, with diagnoses ranging from adjustment reaction to schizophrenia, reported a greater incidence of parental use of indirect or "psychological forms of discipline" when compared with normal controls.

Greenfield felt that the parents' reliance on indirect forms of discipline was related to parental inability to express "genuine feelings towards the child." The parent, he believed, served as a model whose "inhibition of emotional expression" would be transferred to the child. It was this inhibition that Greenfield felt gave rise to later emotional difficulties in the offspring.

While the present study provides no direct evidence for Greenfield's conclusions, both studies indicate that the reported differences between depressives and normals on parental reliance on indirect control are not unique to depression.

Maternal Acceptance

Female depressives were found to differ from both normals and non-depressed psychiatric controls, who were patients diagnosed as schizophrenic. This finding of a difference between depressed and schizophrenic subjects appears to conflict with that of Alanen et al. (1966). These investigators found that mothers of a "rejective" type were particularly characteristic in the female schizophrenic group they studied. They described such mothers as emotionally cold, dominating, and as trying to subjugate their daughters in an aggressive manner.

The difference between the findings of these two studies is probably related to the fact that the hostile rejecting quality of the mothers of the female schizophrenic (psychiatric) controls was not tapped by the CRPBI items relating to maternal acceptance. In designing the abbreviated version of the CRPBI, which was employed in this study, Raskin et al. (1971) found that the items relating to hostile rejection when factor analyzed did not have significant negative loading on the factor related to maternal acceptance for the study sample of depressives and normals they used. Therefore, these items were not included in the final version of the CRPBI they adopted, and whatever differences that might have emerged between depressives and psychiatric controls on this dimension could not be assessed.

However, the results of Alanen et al. and the present study suggest that there were differences in the quality of maternal rejection between the mothers of depressives and schizophrenics. Suggestions for further research on these differences will be discussed below.

Sex Differences

The present study found females and males to differ in their ratings of maternal acceptances. Only the female depressives rated their mothers as having been less accepting than the mothers of the normals and non-depressed psychiatric controls, while no differences were found between the male subject groups on ratings of maternal acceptance.

This finding suggests the importance of certain perceived maternal attitudes in the childhood of female depressives. Rutter's (1966) research has revealed that the child's relationship to the same-sexed parent is of particular importance. This may be especially true of the mother-daughter relationship, which Rosenthal's (1962) research suggests tends to be stronger than the same-sexed parent relationship in boys. It may be that, given an earlier stronger relationship with their mothers, female depressives are especially sensitized to and more affected by maternal rejection during adolescence. However, a longitudinal study is needed to determine this.

Relationship of Study to Theories of Depression

The results of the present study do not provide support for any particular theory of depression. For little difference was found between depressed and non-depressed psychopathological groups on the dimensions of perceived parental rearing practices and attitudes investigated in this study. However, the study's results do suggest that the perceived characteristics of parents and their relationship to their offspring are associated with the later development of any type of psychopathology.

These parental characteristics and the associated parent-child relationship may be operative not so much in predisposing the individual to the development of later psychopathology but in reinforcing particular initial response tendencies which may later prove to be maladaptive. Parental behavior might also be inadequate in failing to intervene to modify initial maladaptive response tendencies.

Thus, differences in the expression of psychopathology could be a function of individual initial response tendencies to stress. These tendencies may be determined by constitutional or early environmental factors. For example, individuals who later develop a depressive as opposed to a schizophrenic outcome may, from infancy, manifest a tendency to react to frustration with depression and withdrawal rather than anger and protest. Fries and Woolf (1971) have described infants who were congenitally underactive

and have demonstrated that this pattern of underactivity remained relatively unchanged through time. Thus, an apathetic and underactive baby may at adolescence or even later show a tendency toward inhibition and depression when underoing stress. Such a tendency may either be reinforced or fail to be mitigated through parental behavior, leading to a vulnerability to the development of later depressive illness. However, this is an area for further research.

Suggestions for Further Research

Findings specific to depression emerged only when female depressives were compared with other subject groups on the dimension of maternal acceptance. These results indicate the need for further research.

Differences were found between male and female depressives on ratings of maternal acceptance. Comparison of these groups' relationship with their parents could reveal some of the factors related to this difference. For example, do female depressives have an initially closer relationship to their same-sexed parent than males and are they therefore more affected by later maternal rejection? In addition, the results of the present study combined with those of Alanen et al. (1966) suggest that some of the differences between depressives and other psychopathological groups were overlooked in the present study because the instrument used, an abbreviated version of the CRPBI, did not

tap these differences. This shortcoming of the present study could be overcome through further research using a structured clinical interview focusing on the quality of rejection. Family therapy sessions in a hospital setting would also provide an opportunity to study the differences between the families of depressives and other psychopathological groups.

Further research with the CRPBI could compare offspring's reports with those of their parents. Such a study might reveal a relationship between differences in the degree of concurrence between parents and their offspring's perceptions and psychopathology. Comparison of patients' and their normal siblings' CRPBI ratings of parental rearing practices might also be explored to determine if perceptions of particular parental rearing practices were specific to the patient or reflected a general parental style.

In the present study it was not possible to obtain detailed family history material on the parents of depressives. Dorzab, Baker, Cadoret, and Winokur (1971) have reported that the relatives of carefully selected depressive patients were more likely to suffer depression than were persons in the general population. This finding indicates the importance of obtaining such data on the parents of subjects in further research. While such data might serve to establish the familial nature of the depressive

illness, it still leaves open the question of the mechanism of its transmission. For example, depressive parents may interact with their children in ways this predispose their children to the later development of a depressive illness. Longitudinal studies and adoption studies of the offspring of depressives, similar to those of Heston (1966), who studied adults born to schizophrenics but adopted and raised from infancy in foster homes, would answer the question raised.

CHAPTER V

SUMMARY

The purpose of the present study was to investigate the relationships between certain perceived parental child rearing practices and attitudes and the later development of depressive illness in the offspring. Two hypotheses were advanced, namely that when compared with psychiatric and normal controls depressives will view their parents to have been (1) less accepting and (2) as having used more indirect methods of control (e.g., guilt stimulating manoeuvers).

A version of Schaefer's (1965) Children's Reports of Parental Behavior Inventory (CRPBI), abbreviated and factor analyzed by Raskin et al. (1971) was administered to a sample of sixty adults (thirty males and thirty females). Clinical diagnosis, scores on Beck's Depression Inventory and a short mental health questionnaire, developed by the author, were used to select three subject groups: hospitalized depressive (n = 20), hospitalized non-depressed psychiatric patients (diagnosed schizophrenic, n = 20) and normals (n = 20). Subjects in each group were equated for socioeconomic status, based on their father's occupation, and education. It was not possible to control for age

differences and its effect was controlled for statistically through an analysis of covariance.

Factor scores were computed for subjects in the depressed, normal and psychiatric control groups and an analysis of covariance with age as the covariate was performed to determine if any of the mother or father factors relevant to the study hypotheses identified on the CRPBI differentiated between the three groups. Multiple _t_-tests were performed to determine which of the groups were distinguished by the factors.

Comparison of the subject groups revealed that compared to normals both depressives and psychiatric controls viewed their fathers to have been less accepting and to have relied more on indirect methods of control. Non-significant differences were found between depressives and psychiatric controls on these dimensions.

When subjects' perceptions of their mothers were compared, both depressives and psychiatric controls perceived their mothers to have relied on less direct methods of control. No differences were found between depressives and psychiatric controls on this factor. Comparison of the subjects on their views of maternal acceptance revealed a group x sex interaction. Only the female depressives reported their mothers to have been less accepting than the normals and non-depressed psychiatric controls. No significant differences were found between non-depressed

psychiatric controls and normals on this factor.

Thus, the hypothesis that depressives will view their parents to have been less accepting than both non-depressed psychiatric and normal controls was partially confirmed, in that only depressive females viewed their mothers to have been less accepting.

The results of the present study indicated there is little difference, on the dimensions of child rearing attitudes and practices investigated, between depressives and non-depressed psychiatric patients. This calls into question the results of earlier investigations which have implied that depressives are unique in having parents who were less accepting and who relied on less direct methods of control.

APPENDIX A

TABLE A

Multiple *t*-tests Between Depressed and Psychiatric Groups on Parental Factors Identified in Study

	Depressed vs. Psychiatric	
	t	P
Father Factors		
Positive Involvement	.96655	*
Negative Control	.50728	*
Mother Factor		
Negative Control	.598735	*

* P >.10

APPENDIX B

BECK'S DEPRESSION INVENTORY

I am interested in learning more about the different experiences people have had in their families. I'd, therefore, like you to answer some questions about feelings, and some of the things you remember from when you were a teenager (around 16 to 17 years of age). Everything you say is confidential so ignore the spaces for the name in completing the questionnaires. Thank you for your help.

Please answer the following questions:

(1) Sex ____________

(2) Age ____________

(3) Education ____________

(4) Father's occupation ____________

(5) Do you feel you have an emotional problem at this time?
Yes ______ No ______

(6) Are you presently being treated for an emotional condition?
Yes ______ No ______

(7) Have you ever obtained professional help for an emotional or nervous condition?
Yes ______ No ______

NAME:.........................

Depression Inventory
by Aaron T. Beck, M.D.

Please pick out the ONE statement in each group of statements which best describes the way you feel today, that is, RIGHT NOW!.

Indicate your choice by circling the number corresponding to the statement which best describes the way you feel.

A. (SADNESS)

0 I do not feel sad

1 I feel blue or sad

2a I am blue or sad all the time and I can't snap out of it

2b I am so sad or unhappy that it is quite painful

3 I am so sad or unhappy that I can't stand it

B. (PESSIMISM)

0 I am not particularly pessimistic or discouraged about the future

1 I feel discouraged about the future

2a I feel I have nothing to look forward to

2b I feel that I won't ever get over my troubles

3 I feel that the future is hopeless and that things cannot improve

C. (SENSE OF FAILURE)

0 I do not feel like a failure

1 I feel I have failed more than the average person

2a I feel I have accomplished very little that is worthwhile or that means anything

2b As I look back on my life all I can see is a lot of failures

3 I feel I am a complete failure as a person (parent, husband, wife)

NAME:..........................

Depression Inventory

D. (DISSATISFACTION)

0 I am not particularly dissatisfied
1a I feel bored most of the time
1b I don't enjoy things the way I used to
2 I don't get satisfaction out of anything any more
3 I am dissatisfied with everything

E. (GUILT)

0 I don't feel particularly guilty
1 I feel bad or unworthy a good part of the time
2a I feel quite guilty
2b I feel bad or unworthy practically all the time now
3 I feel as though I am very bad or worthless

F. (EXPECTATION OF PUNISHMENT)

0 I don't feel I am being punished
1 I have a feeling that something bad may happen to me
2 I feel I am being punished or will be punished
3a I feel deserve to be punished
3b I want to be punished

G. (SELF-DISLIKE)

0 I don't feel disappointed in myself
1a I am disappointed in myself
1b I don't like myself
2 I am disgusted with myself
3 I hate myself

H. (SELF-ACCUSATIONS)

0 I don't feel I am any worse than anybody else
2 I am critical of myself for my weaknesses or mistakes
2 I blame myself for my faults
3 I blame myself for everything bad that happens

NAME:..........................

Depression Inventory

I. (SUICIDAL IDEAS)

0 I don't have any thoughts of harming myself

1 I have thoughts of harming myself but I would not carry them out

2a I feel I would be better off dead

2b I feel my family would be better off if I were dead

3a I have definite plans about commiting suicide

3b I would kill myself if I could

J. (CRYING)

0 I don't cry any more than usual

1 I cry more now than I used to

2 I cry all the time now, I can't stop it

3 I used to be able to cry but now I can't cry at all even though I want to

K. (IRRITABILITY)

0 I am no more irritated now than I ever am

1 I get annoyed or irritated more easily than I used to

2 I feel irritated all the time

3 I don't get irritated at all at the things that used to irritate me

L. (SOCIAL WITHDRAWAL)

0 I have not lost interest in other people

1 I am less interested in other people now than I used to be

2 I have lost most of my interest in other people and have little feeling for them

3 I have lost all my interest in other people and don't care about them at all

M. (INDECISIVENESS)

0 I make decisions about as well as ever

1 I try to put off making decisions

2 I have great difficulty in making decisions

3 I can't make any decisions at all any more

NAME:.............................

Depression Inventory

N. (BODY IMAGE CHANGE)

0 i I don't feel I look any worse than I used to

1 I am worried that I am looking old or unattractive

2 I feel that there are permanent changes in my appearance and thet make me look unattractive

3 I feel that I am ugly or repulsive looking

O. (WORK RETARDATION)

0 I can work about as well as before

1a It takes extra effort to get started at doing something

1b I don't work as well as I used to

2 I have to push myself very hart to do anything

3 I can't do any work at all

P. (INSOMNIA)

0 I can sleep as well as usual

1 I wake up more tired in the morning than I used to

2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep

3 I wake up early every day and can't get more than 5 hours sleep

Q. (FATIGABILITY)

0 I don't get any more tired than usual

1 I get tired more easily than I used to

2 I get tired from doing anything

3 I get too tired to do anything

R. (ANOREXIA)

0 My appetite is no worse than usual

1 My appetite is not as good as it used to be

2 My appetite is much worse now

3 I have no appetite at all any more

S. (WEIGHT LOSS)

0 I haven't lost much weight, if any, lately

1 I have lost more than 5 pounds

2 I have lost more than 10 pounds

3 I have lost more than 15 pounds

NAME:............................

Depression Inventory

T. (SOMATIC PREOCCUPATION)

0 I am no more concerned about my health than usual

1 I am concerned about aches and pains or upset stomach or constipation

2 I am so concerned with how I feel or what I feel that it's hard to think of much else

3 I am completely absorbed in what I feel

U. (LOSS OF LIBIDO)

0 I have not noticed any recent change in my interest in sex

1 I am less interested in sex than I used to be

2 I am much less interested in sex now

3 I have lost interest in sex completely

APPENDIX C

CHILDREN'S REPORTS OF PARENTAL BEHAVIOR INVENTORY

Parental Behavior Inventory
By Earl Schaefer

Selected items from the abbreviated Inventory developed by the staff of the Psychopharmocology Service Center-NIMH Collaborative Study of Depression.

We are interested in learning more about different experiences people have had in their families. We are therefore, asking you to report your experiences during your childhood. If you did not grow up with your real father or mother, but someone took the place of that parent in your life please describe that person.

FATHER

Was your father living in the home when you were a teenager (13-18)? If not, who was the man of the house (father substitute)?

____

MOTHER

Was your mother living in the home when you were a teenager (13-18)? If not, who took her place?

____

NAME: .... DATE: ....

Please read each statement on the following pages and check the answer that most closely describes the way your father (or father substitute) acted toward you. BE SURE TO MARK EACH LINE.

Please indicate whether you are describing father or father substitute by checking box.

Father ☐

Father Substitute ☐

If you think the statement was LIKE your father, check box 1.

If you think the statement was SOMEWHAT LIKE your father, check box 2.

If you think the statement was NOT LIKE your father, check box 3.

Please think back to the time you were in your teens and check the boxes describing the way your father was toward you then.

STATEMENT ABOUT FATHER	LIKE MY FATHER	SOME-WHAT LIKE MY FATHER	NOT LIKE MY FATHER
MY FATHER: 1. Made me feel better after talking over my worries with him	1	2	3
2. Often gave up something to get something for me	1	2	3
3. Believed in showing his love for me	1	2	3
4. Kept reminding me about things I was not allowed to do	1	2	3
5. Enjoyed it when I brought friends to my home	1	2	3
6. Gave me as much freedom as I wanted	1	2	3
7. Understood my problems and my worries	1	2	3
8. Made me feel like the most important person in his life	1	2	3

NAME: ....

STATEMENT ABOUT FATHER	LIKE MY FATHER	SOME-WHAT LIKE MY FATHER	NOT LIKE MY FATHER
MY FATHER:			
9. Worried about me when I was away	1	2	3
10. Believed that all my bad behavior should be punished in some way	1	2	3
11. Always listened to my ideas and opinions	1	2	3
12. Asked me to tell everything that happened when I was away from home	1	2	3
13. Thought I was not grateful when I didn't obey	1	2	3
14. Didn't forget very quickly the things that I did wrong	1	2	3
15. Didn't pay much attention to my mis-behavior	1	2	3
16. Allowed me to tell him if I thought my ideas were better than his	1	2	3
17. Excused my bad conduct	1	2	3
18. Said some day I would be punished for my bad behavior	1	2	3
19. Let me go any place I pleased with-out asking	1	2	3
20. Comforted me when I was afraid	1	2	3
21. Enjoyed staying at home with me more than going out with his friends	1	2	3

NAME: ....

STATEMENT ABOUT FATHER	LIKE MY FATHER	SOME-WHAT LIKE MY FATHER	NOT LIKE MY FATHER
MY FATHER:			
22. Became very involved in my life	1	2	3
23. Often praised me	1	2	3
24. Told me how much he had suffered for me	1	2	3
25. Wanted to control whatever I did	1	2	3
26. Let me help decide how to do things we were working on	1	2	3
27. Let me stay up late if I kept asking	1	2	3
28. Said that some day I would be sorry I wasn't better as a child	1	2	3
29. Seemed proud of the things I did	1	2	3
30. Made his whole life center about his children	1	2	3
31. Told me where to find out more about things I wanted to know	1	2	3
32. Asked other people what I did away from home	1	2	3
33. Was always trying to change me	1	2	3
34. Seldom insisted that I do anything	1	2	3

NAME: ....

STATEMENT ABOUT FATHER	LIKE MY FATHER	SOME-WHAT LIKE MY FATHER	NOT LIKE MY FATHER
MY FATHER:			
35. Asked me what I thought about how we should do things	1	2	3
36. Thought that any misbehavior was very serious and would have future consequences	1	2	3
37. Didn't show that he loved me	1	2	3
38. Allowed me to spend my money in any way I liked	1	2	3
39. Spent almost all of his free time with his children	1	2	3
40. Said I made him happy	1	2	3
41. Almost always wanted to know who phoned me or wrote to me and what they said	1	2	3
42. Told me of all the things he had done for me	1	2	3
43. Didn't let me decide things for my-self	1	2	3
44. Let me get away without doing work I had been given to do	1	2	3
45. Gave me the choice of what to do whenever possible	1	2	3
46. Could be talked into things easily	1	2	3
47. Would talk to me again and again about anything bad I did	1	2	3
48. Let me do anything I liked to do	1	2	3

NAME: .... DATE: ....

Please read each statement on the following pages and check the answer that most closely describes the way your mother (or mother substitute) acted toward you. BE SURE TO MARK EACH LINE.

Please indicate whether you are describing mother or mother substitute by checking box.

Mother ☐

Mother Substitute ☐

If you think the statement was LIKE your mother, check box 1.

If you think the statement was SOMEWHAT LIKE your mother, check box 2.

If you think the statement was NOT LIKE your mother, check box 3.

Please think back to the time when you were in your teens and check the boxes describing the way your mother was toward you then.

STATEMENT ABOUT MOTHER	LIKE MY MOTHER	SOME-WHAT LIKE MY MOTHER	NOT LIKE MY MOTHER
MY MOTHER:			
1. Made me feel better after talking over my worries with her	1	2	3
2. Often gave up something to get something for me	1	2	3
3. Believed in showing her love for me	1	2	3
4. Kept reminding me about things I was not allowed to do	1	2	3
5. Enjoyed it when I bought friends to my home	1	2	3
6. Gave me as much freedom as I wanted	1	2	3
7. Understood my problems and my worries	1	2	3
8. Made me feel like the most important person in her life	1	2	3

NAME: ....

STATEMENT ABOUT MOTHER	LIKE MY MOTHER	SOME-WHAT LIKE MY MOTHER	NOT LIKE MY MOTHER
MY MOTHER:			
9. Worried about me when I was away	1	2	3
10. Believed that all my bad behavior should be punished in some way	1	2	3
11. Always listened to my ideas and opinions	1	2	3
12. Asked me to tell everything that happened when I was away from home	1	2	3
13. Thought I was not grateful when I didn't obey	1	2	3
14. Didn't forget very quickly the things I did wrong	1	2	3
15. Didn't pay much attention to my misbehavior	1	2	3
16. Allowed me to tell her if I thought my ideas were better than hers	1	2	3
17. Excused my bad conduct	1	2	3
18. Said someday I would be punished for my bad behavior	1	2	3
19. Let me go any place I pleased without asking	1	2	3
20. Comforted me when I was afraid	1	2	3
21. Enjoyed staying at home with me more than going out with her friends	1	2	3

NAME: ....

STATEMENT ABOUT MOTHER	LIKE MY MOTHER	SOME-WHAT LIKE MY MOTHER	NOT LIKE MY MOTHER
MY MOTHER:			
22. Became very involved in my life	1	2	3
23. Often praised me	1	2	3
24. Told me how much she had suffered for me	1	2	3
25. Wanted to control whatever I did	1	2	3
26. Let me help decide how to do things we were working on	1	2	3
27. Let me stay up late if I kept asking	1	2	3
28. Said that someday I'd be sorry that I wasn't better as a child	1	2	3
29. Seemed proud of the things I did	1	2	3
30. Made her whole life center about her children	1	2	3
31. Told me where to find out more about things I wanted to know	1	2	3
32. Asked other people what I did away from home	1	2	3
33. Was always trying to change me	1	2	3
34. Seldom insisted that I do anything	1	2	3

NAME: ....

STATEMENT ABOUT MOTHER	LIKE MY MOTHER	SOME-WHAT LIKE MY MOTHER	NOT LIKE MY MOTHER
MY MOTHER:			
35. Asked me what I thought about how we should do things	1	2	3
36. Thought that any misbehavior was very serious and would have future consequences	1	2	3
37. Didn't show that she loved me	1	2	3
38. Allowed me to spend my money in any way I liked	1	2	3
39. Spent almost all her free time with her children	1	2	3
40. Said I made her happy	1	2	3
41. Almost always wanted to know who phoned me or wrote me and what they said	1	2	3
42. Told me of all the things she had done for me	1	2	3
43. Didn't let me decide things for myself	1	2	3
44. Let me get away without doing work I had been given to do	1	2	3
45. Gave me the choice of what to do whenever possible	1	2	3
46. Could be talked into things easily	1	2	3
47. Would talk to me again and again about anything bad I did	1	2	3
48. Let me do anything I liked to do	1	2	3

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